

Inpatient psychiatric facility services for individuals under 22 years of age.

DEFINITION: This clarifies the coverage of inpatient psychiatric facility services for individuals under 22 years of age as that meeting the statutory requirements of 1905 (a) and (h) and 1861 (f), and includes only services in private psychiatric hospitals provided in beds licensed as inpatient psychiatric or substance abuse hospital beds and in State mental hospitals.

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Supercedes

TN No. NEW

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CRITERIA FOR MEDICAID COVERAGE OF SERVICES IN A NON ACUTE INTENSIVE  
REHABILITATION PROGRAM FOR HEAD INJURY CARE

The state provides head injury care in the most appropriate setting based on medical necessity. <sup>THIS</sup> There is a separate setting for brain injury care caused by external trauma. *Dec 12/16/92*

There is a need for a separate rate to be established commensurate with the level of care required to treat this type of patients. Other brain injury care is available in existing NF's thus the need for inclusion is not warranted.

ADMISSION CRITERIA

The admission criteria and continued stay criteria for Medicaid Head-Injury rehabilitation includes the following:

- 1) Diagnosis of brain injury caused by external physical trauma. Cerebral vascular accidents, aneurysms, and congenital defects, which may be temporary or permanent, and cerebral anoxic events disassociated with physical trauma are specifically excluded from this definition.
- 2) Program must be under the direction of a qualified physician.
- 3) Behavior must not be violent. If the patient demonstrates violent behavior, a neuropsychologist or psychiatrist must send additional documentation supporting the need and prognosis of a favorable outcome if given rehabilitation services despite the patient's violent behavior.
- 4) Admission must be approved by the Division of Medical Assistance or a DMA designated agency.
- 5) Medical Necessity
  - i) Must be responsive to verbal, visual, and/or auditory stimuli
  - ii) Medical condition must be stable at time of admission
  - iii) Must not be in deep coma or persistent vegetative state
  - iv) Must have rehabilitation consultation and recommendation by a neurologist, neurosurgeon, the patient's progress and potential for rehabilitation
  - v) Must require and receive at least two of the following therapies a minimum of 15 hours per week in addition to skilled nursing care:
    - Physical Therapy
    - Occupational Therapy
    - Cognitive Therapy
    - Speech Therapy
- 6) Reapproval of stay requires re-evaluation of patient's medical condition and documented rehabilitative progress toward specific functional goals. Reauthorization will be issued by DMA or a DMA designated representative following a re-evaluation of monthly progress summaries for the aforementioned rehabilitative progress. Total length of stay will not be approved for greater than 12 months.

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DISCHARGE CRITERIA

- 1) Discharge criteria includes:
  - i) Inability or unwillingness of patient and/or family to cooperate with the planned therapeutic program in excess of two consecutive months.
  - ii) Medical complications that preclude intensive rehabilitative effort. An extended period of time for discharge action is not reasonable after established goals have been reached, or a determination made that further progress is unlikely, or that care in a less intensive setting would be appropriate.
  - iii) A length of stay exceeding 12 months.

THERAPEUTIC LEAVE

- 1) Therapeutic leave days must not exceed four (4) days within the patient's length of stay and must be accompanied by written, measurable goals specific for the therapeutic leave.

CRITERIA FOR VENTILATOR-DEPENDENT RECIPIENTS  
(Hospital Based or Nursing Facility)

I. Definition

- A. Ventilator dependent is defined by the Division of Medical Assistance as requiring at least sixteen (16) hours/day of mechanical ventilation to maintain a stable respiratory status.

II. Criteria

- A. Recipient's condition must meet the definition of ventilator dependence.
- B. The recipient's condition at time of placement must be stable without infections or extreme changes in ventilatory settings and/or duration (i.e. increase in respiratory rate by 5 breaths per minute, increase in  $\text{FIO}_2$  of 25% or more, and/or increase in tidal volume of 200 mls or more).
- C. Admission to a long term care facility must be prior approved.
  - a. Current prior approval forms for Long-Term Care Facilities (FL-2)
  - b. North Carolina Preadmissions and Annual Resident Review (PASARR)
  - c. Admission history and physical and/or Ventilator dependent addendum.

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CRITERIA FOR MEDICAID COVERAGE OF NURSE PRACTITIONER SERVICES

Nurse practitioner services means services that

- 1) are provided in accordance with the scope of practice as defined by the State Board of Medical Examiners and Board of Nursing.
- 2) are performed by nurse practitioners who are duly licensed to practice nursing and are approved by the State Board of Medical Examiners and Board of Nursing as "nurse practitioners"; and
- 3) are performed under the supervision of a physician licensed in the State of practice.

COVERAGE LIMITATIONS

Medical services must be performed in accordance with the nurse practitioners scope of practice and signed protocols.

- 1) By Nurse Practitioners in an independent practice i.e. not in the employ of a practitioner, clinic or other service provider for the provision of Nurse Practitioner services.
- 2) For DMA approved procedures developed for use by Nurse Practitioners.
- 3) Subject to the same coverage limitations as those in effect for Physicians.

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Medical Care/Other Remedial Care

Services provided under this section are provided by individual practitioners who meet individual practitioner certification standards. Each provider must be certified as meeting program standards of the Department of Health and Human Services. The services are available to the categorically needy and medically needy and include the services described herein.

- A. Generally covered state plan services provided to outpatients by qualified health professional service entities to include prevention, diagnostic, therapeutic or palliative items or services when they are medically necessary.
- 1) Diagnostic services includes medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice that enable him to identify the existence, nature or extent of illness, injury or other health deviation.
  - 2) Screening services includes standardized tests performed under medical direction by qualified health care professionals to a designated population to detect the existence of one or more particular diseases.
  - 3) Preventive services includes services provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to a) prevent disease, disability and other health conditions or their progression b) prolong life and c) promote physical and mental health and efficiency.
  - 4) Therapeutic services means medical care and clinical services for a patient for the purpose of combating disease, injury or other physical/mental disorders by a physician or other qualified practitioner within the scope of practice under state law.
  - 5) Physical therapy occupational therapy and services for individuals with speech, hearing, and language disorders as defined in 42 CFR 440.110. Services are limited to EPSDT eligibles.

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- 6) Psychosocial services include assessment, testing, clinical observation and treatment when provided by a psychologist licensed in accordance with state law or certified as a school psychologist by the North Carolina Department of Public Instruction or social worker when certified by the North Carolina Department of Health and Human Services. Services provided are limited to EPSDT eligibles.
- 7) Respiratory therapy services as defined in 1902(e)(9)(A) of the Act when provided by a respiratory therapist certified by the North Carolina Department of Health and Human Services. Services provided are limited to EPST eligibles.

For EPSDT eligibles, services covered under 1905(r)(5) and as required by 1905 (a) to correct, ameliorate defects and physical and mental illnesses and conditions discovered by screening services whether or not such services are included in the state plan.

Service providers will be offering a comprehensive array of health services to eligible individuals throughout the State of North Carolina and will be offering them in the most appropriate settings possible (for example, schools, homes). All services to an individual are provided as directed in an individualized treatment program by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law. The treatment plan also directs the duration and scope of services to be provided in order to achieve the goals and objectives of the plan.

Provision of services where the family is involved will be directed to meeting the identified client's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified client's treatment needs are not covered by Medicaid.

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CRITERIA FOR MEDICAID COVERAGE OF CERTIFIED REGISTERED NURSE ANESTHETISTS SERVICES

Certified Registered Nurse Anesthetist Services

- 1) are provided in accordance with the scope of practice as defined by the Nursing Practice Act and rules promulgated by the Board of Nursing, and
- 2) are performed by Certified Registered Nurse Anesthetists who are duly licensed as registered nurses by the State Board of Nursing and are credentialled by the Council on Certification of Nurse Anesthetists as Certified Registered Nurse Anesthetists, and recertified through the Council on Recertification of Nurse Anesthetists, and
- 3) are performed in collaboration with a physician, dentist, podiatrist or other lawfully qualified health care provider and, when prescribing a medical treatment regimen or making a medical diagnosis, are performed under the supervision of a licensed physician.

COVERAGE LIMITATIONS

Medical services must be performed in accordance with the Certified Registered Nurse Anesthetists scope of practice.

1. By Certified Registered Nurse Anesthetists in any practice setting.
2. For DMA approved procedures developed for use by Certified Registered Nurse Anesthetists.
3. Subject to the same coverage limitations as those in effect for Physicians.

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